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ATTACHMENT 4.32-A  
Page 1  
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES

Not applicable.

TN No. 86(10)13

Supersedes

TN No. \_\_\_\_\_

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